

Authorization Letter for Personal Policy Management

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Broker's Name], of [Brokerage Firm's Name], to act on my behalf in all matters related to my insurance policy with [Insurance Company Name]. This includes, but is not limited to, managing my personal policy, making changes, filing claims, and any other necessary actions required for efficient policy management.

My policy details are as follows:

- Policy Number: [Your Policy Number]
- Type of Insurance: [Type of Insurance]

This authorization is effective immediately and shall remain in effect until I provide written notice of cancellation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]